



# CNG EAAP RECORD CHANGE FORM

Complete this form to notify the California National Guard of changes in your name, address, Social Security number, your school of attendance, veteran's educational benefits, request a leave of absence, award program change or program withdrawal.

## SECTION 1. PARTICIPANT INFORMATION

1. Participant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
To update your name, please print **PREVIOUS name below** and attach a copy of your driver's license, SSN card, or marriage certificate.

1a. (Previous Name) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
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2. Social Security number \_\_\_\_\_ (Incorrect Social Security number, if applicable)  
To correct your Social Security number, please print the **INCORRECT NUMBER on the second line** and attach a copy of your SSN card.

3. Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4. Telephone number \_\_\_\_\_ ( ) - \_\_\_\_\_ 5. E-mail address \_\_\_\_\_

6. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Is this an address change? ☐ Yes ☐ No

## SECTION 2. SCHOOL CHANGE (Please read instructions on reverse)

7. I request to change my school of attendance to: \_\_\_\_\_  
School name \_\_\_\_\_ City \_\_\_\_\_ Effective Date \_\_\_\_\_

7a. School change effective: (check appropriate term) ☐ Fall ☐ Winter ☐ Spring ☐ Summer

7b. Residency status: (check one) ☐ On campus (dorm) ☐ Off campus (apartment, etc.) ☐ At home with parents or relatives

## SECTION 3. VETERAN'S EDUCATIONAL BENEFITS UPDATE (Please read instructions on reverse)

8. I am receiving the amount(s) of veteran's educational benefits as specified for each term below: Academic Year: \_\_\_\_\_

☐ Fall: \$ \_\_\_\_\_ ☐ Winter \$ \_\_\_\_\_ ☐ Spring \$ \_\_\_\_\_ ☐ Summer \$ \_\_\_\_\_

## SECTION 4. LEAVE OF ABSENCE REQUEST (Please read instructions on reverse)

9. I request a Leave of Absence (LOA) from the CNG EAAP program for the following terms: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

9a. Exact dates of the requested Leave of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

9b. Briefly state the reason(s) for a leave of absence (please print or type and attach additional pages or documentation, if necessary):

## SECTION 5. PROGRAM CHANGE REQUEST (Please read instructions on reverse)

10. I request to change my current award from: (check one) ☐ EAAP / ☐ Cal Grant to (check one) ☐ EAAP / ☐ Cal Grant

## SECTION 6. PROGRAM WITHDRAWAL REQUEST (Please read instructions on reverse)

11. ☐ By checking this box and by my signature below, I acknowledge that I have read the information and instructions on the reverse of this sheet and request that I be withdrawn from the CNG EAAP.

## SECTION 7. PARTICIPANT SIGNATURE (Sign, date, and return this form to request the changes indicated above)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature, I certify to the best of my knowledge that the information I have completed above is true and correct.

# Instructions for Completing the CNG EAAP Record Change Form for Participants

## Section 1 – Student Information

1. Enter your name (current last, first, middle initial).
- 1a. If you are requesting to update your name, enter your **previous** name and attach a copy of your current driver's license, social security card or marriage certificate.
2. Enter your Social Security number. If you are requesting to correct your Social Security number, enter the incorrect number where indicated and attach a copy of your Social Security card.
3. Enter your date of birth (month, day, year).
4. Enter your telephone number, including area code.
5. Enter your email address.
6. Check "Yes" if you are requesting to change your address. Enter your street address, city, state and zip code.

## Section 2 – School Change

7. If you are requesting to change your school of attendance, enter the school's name, city, and effective date. **A change in school may affect your eligibility for and amount of award.**
- 7a. Check the box for the term when the school change is effective.
- 7b. Check the box for your residency status at the new school.

## Section 3 – Veteran's Educational Benefits

8. Check the appropriate box(es) and enter the amount(s), by term for veteran's educational assistance benefits you receive.

## Section 4 – Leave of Absence

9. Check the box(es) for the terms for which you are requesting a Leave of Absence from the CNG EAAP.
- 9a. Enter the exact dates for which you are requesting a Leave of Absence.
- 9b. Enter the reason(s) for your Leave of Absence request.

## Section 5 – Program Change

10. Participants who are eligible for both a CNG EAAP and a Cal Grant may receive only one of the awards per academic year. Check the first box to indicate your current award and check the second box to indicate the preferred award.

## Section 6 – Program Withdrawal

11. Check this box only if you are requesting to be withdrawn from the CNG EAAP. This request will result in loss of any applicable award and your prioritization ranking. Reinstatement will not be possible; however, you may re-apply.

## Section 7 – Participant Signature

Your signature certifies that the information you provided is true and correct to the best of your knowledge.

If you have any questions concerning this form, you may contact Katrina Beck, CNG EAAP Coordinator at (916) 854-4255 or at [katrina.beck2@us.army.mil](mailto:katrina.beck2@us.army.mil). Please e-mail the form to [katrina.beck2@us.army.mil](mailto:katrina.beck2@us.army.mil) or send by fax to (916) 854-3439.

If you unable to fax or e-mail the form, send the form by postal mail to:

California National Guard  
Education Assistance Award Program  
Attention: Ms. Katrina Beck  
9800 Goethe Road, Box 37  
Sacramento, CA 95826